

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3848

FILED JAN 18 1949

BIRTH NO.		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wash. Twp. 2 Mo. 1500</u>		c. LENGTH OF STAY (In this place) <u>2 Mo. 1500</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oronogo</u>		d. STREET ADDRESS (If rural, give location) <u>2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jess</u>		b. (Middle) <u>Otis</u>		c. (Last) <u>Passley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 10 1949</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 7, 1897</u>	
9. AGE (In years last birthday) <u>52</u>		10. MONTHS <u>0</u>		11. DAYS <u>3</u>		12. HOURS <u>3</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Automotive Mechanic</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Garage</u>			
11. BIRTHPLACE (State or foreign country) <u>Oronogo Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Leura Passley</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Katherine Young</u>		14. NAME OF HUSBAND OR WIFE <u>Francis Blomkamp</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>487-01-3471</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hosp #3 Nevada Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. <u>936</u>				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Myocarditis</u> DUE TO (c) <u>431</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>431</u>			
19a. DATE OF OPERATION <u>1-10-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>431</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>D</u>					
22. I hereby certify that I attended the deceased from <u>10-25-1948</u> , to <u>1-10-1949</u> , that I last saw the deceased alive on <u>1-9-1949</u> , and that death occurred at <u>5 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J.M. Bunch M.D.</u>				23b. ADDRESS <u>State Hospital #3</u>		23c. DATE SIGNED <u>1-10-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-10-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>		24d. LOCATION (City, town, or county) (State) <u>Webb City - Jasper Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-10-49</u>		REGISTRAR'S SIGNATURE <u>Kathryn Young</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>HEDGE-LEWIS</u>			
ADDRESS <u>Webb City, Mo.</u>							

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6761 7 I 10N

RECEIVED
District Health Officer No. 7,
District File Number 12-48-1598
Date Filed 1-17-49

12 20 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Leona J. Lewis R.

Licensed Embalmer No. 4561

P. O. Address Wabbe City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.